



STATE OF WASHINGTON
APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT

RECEIVED
MAR 12 2013
DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

FOR OFFICE USE ONLY

CHANGE No. CG3-QB-0017E WRIA 41
DATE ACCEPTED 4 / 22 / 2013 BY Klyf
FEE \$ 50.00 REC'D 03 / 14 / 2013 HR
CHECK No. 39580
ECY Coding: 001-002-WR10285-000011
SEPA: ☒ Exempt ☐ Not exempt
OGWMS

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME Big Dog, LLC (Blaine Hirai)	PHONE NO. (509)	FAX NO. ()
ADDRESS 2567 Road K NW		
CITY Quincy	STATE WA	ZIP CODE 98848

CONTACT NAME (IF DIFFERENT FROM ABOVE) Ed Kemp (H2O4U Consulting)	PHONE NO. () 750-1865	FAX NO. ()
ADDRESS 524 N. Bluff West Dr		
CITY Moses Lake	STATE WA	ZIP CODE 98823

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER All of QB-17C (see items 4 & 5 below)	RECORDED NAME(S) Big Dog, LLC (Blaine Hirai)
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

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APP. NO. _____ PERMIT NO. _____ CERT. NO. _____ CERT. OF CHANGE NO. _____

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
See atached copy of					19	25		
QB-17 C for location of								
32 manifolded wells								

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Three (3) proposed			nw	28	19	25	151810000	
Wells locations tbd in								
the NWNW, NENW,								
SWNW, & SENW								

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Seasonal Irrigation	156.0625 9	39.725	March thru October

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Seasonal Irrigation	156.0625 9	39.725	March thru October

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

11.35 acres within the SW1/4NE1/4 portion of Sec. 28, T.19N., R25E.,W.M., Except the East 30.0 feetof the NE1/4, and Except land dedicated to the State of Washington on the South side of of the SW1/4; Grant County, Washington

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SW	NE	28	19	25	Grant	151811000 & 151809000	11.35

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

11.35 acres within portion of the SE1/4NW1/4 Sec. 28, T.19N.,R.25E.,W.M.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
SE	NW	28	19	25	GRANT	151811000-15181000	11.35

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☒ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): See Item 6. below

6. Remarks and Other Relevant Information:

I am in the process of purchasing QB-1400, Portion of 1401, 1402, 1404(A), & 1405 and will close if individual transfer requests are approved. All of the above mentioned permits along with QB-17C will be used for the seasonal irrigation of land I own in the NW1/4 of Section 28, T19N., R25E., W.M

It is my intention to identify the location of the well(s) once they are installed.

IF FOR SEASONAL OR TEMPORARY, START DATE 3/1/ END DATE 9/31/

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Blaine Hirai

Blaine Hirai

(Applicant)

3/11/2013

(Date)

Blaine Harai

Blaine Harai

(Water Right Holder)

11

(Date)

3/11/2013

Blaine Harai

Blaine Harai

(Land Owner(s) of Existing Place of Use)

11

(Date)

3/11/2013

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

☐ APPLICATION FEE NOT ENCLOSED

☐ MAP NOT INCLUDED or INCOMPLETE

☐ ADDITIONAL SIGNATURES REQUIRED

☐ SECTION _____ IS INCOMPLETE

☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____